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007663 7590 08/15/2005

STETINA BRUNDA GARRED & BRUCKER  
 75 ENTERPRISE, SUITE 250  
 ALISO VIEJO, CA 92656

08/23/2005 LWONDIM2 00000085 10774932

01 FC:1501 1400.00 OP  
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Bruce B. Brunda (Depositor's name)

(Signature)

August 19, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/774,932	02/09/2004	Ross Steven Reynolds	NORTH-449A	8836

TITLE OF INVENTION: FORWARD PIVOTED FULL FLYING CONTROL TAIL BOOM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/15/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
BAREFOOT, GALEN L	3644	244-213000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 STETINA BRUNDA

2 GARRED &amp; BRUCKER

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Northrop Grumman Corporation

Los Angeles, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-4330 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Bruce B. Brunda

Date August 19, 2005

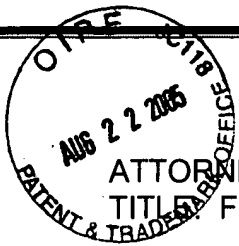
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ATTORNEY DOCKET NO: NORTH-449A

TITLE: FORWARD PIVOTED FULL FLYING CONTROL TAIL BOOM

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DAWN A. PRIVETT

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# **TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

Application Number Filing Date First Named Inventor Art Unit Examiner Name	10/774,932
	February 9, 2004
	Reynolds et al.
	2644
	Galen L. Barefoot
Attorney Docket Number Total Number of Pages in This Submission	NORTH-449A _____

## **ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Issue Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Check for \$1,730.00; Certificate of Mailing and Return Postcard.
Remarks _____		

## **SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Bruce B. Brunda
Signature	STETINA BRUNDA GARRED & BRUCKER
Date	August 19, 2005

## **CERTIFICATE OF TRANSMISSION/MAILING**

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Typed or printed name	Dawn A. Privett		
Signature		Date	August 19, 2005

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